

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594259

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5	1					
6		1				
7	1					
8		2				
9		2				
10		2				
11		2				
12	1					
13		1				
14		1				
15		1				
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22		3				
23	1					
24		1				
25		1				
26		3				
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48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	49	←		←		←
TOTAL CLAIMS	55					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						